

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION:	INITIALS	ID NO.	DATE
FEE DETERMINATION	MC		10-1-01
O.I.P.E. CLASSIFIER		21	10-1-01
FORMALITY REVIEW	A-5	866	10-29-01
RESPONSE FORMALITY REVIEW	CK	1109	12-06-01

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	7	
2	✓	8	
3	✓	9	
4	✓	10	
5	✓	11	
6	✓	12	
7	✓	13	
8	✓	14	
9	✓	15	
10	✓	16	
11	✓	17	
12	✓	18	
13	✓	19	
14	✓	20	
15	✓	21	
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18	✓	24	
19	✓	25	
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21	✓	27	
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36	✓	42	
37	✓	43	
38	✓	44	
39	✓	45	
40	✓	46	
41	✓	47	
42	✓	48	
43	✓	49	
44	✓	50	

Claim	Final	Original	Date
51	✓	7	
52	✓	8	
53	✓	9	
54	✓	10	
55	✓	11	
56	✓	12	
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88	✓	44	
89	✓	45	
90	✓	46	
91	✓	47	
92	✓	48	
93	✓	49	
94	✓	50	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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530
 10-27-01
 861
 2-6-1